


**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No. 449122063900

First Inventor Karlheinz KRAUSE

 Title PROGRAMMING FLASH MEMORY
VIA A BOUNDARY SCAN REGISTER

Express-Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| APPLICATION ELEMENTS | | ADDRESS TO: | |
|---|--|--|--|
| See MPEP chapter 600 concerning utility patent application contents. | | Commissioner for Patents P. O. Box 1459 Alexandria, Virginia 22313-1459 | |
| 1. <input type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(where there is an assignee)</i> 11. <input type="checkbox"/> English Translation document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>Should be specifically itemized</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other | |
| 2. <input type="checkbox"/> Applicant claims: small entity status. See 37 CFR 1.27. | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> | | |
| 3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure [Total Pages 26] | a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 4] | | | |
| 5. <input type="checkbox"/> Oath or Declaration [Total Pages] | | | |
| a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 13 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) | | | |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | | |
| 18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. : Prior application information: Examiner : Group / Art Unit: (group) | | | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation <u>can</u> only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |
| 19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label or <input type="checkbox"/> Correspondence address below <div style="text-align: center; font-size: 2em; margin: 10px 0;">25227</div> <i>(Insert Customer No. or Attach bar code label here)</i> | | | |
| Name _____ Address _____ City _____ State _____ Zip Code _____ Country _____ Telephone (703) 766-7762 Fax _____ Name (Print/Type) Kevin S. Salguk Registration No. (Attorney/Agent) 43,148 Signature <i>[Signature]</i> Date September 24, 2003 | | | |